

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 10/533,193 Confirmation No.: 9098
Applicant(s): Andre-Fontaine et al.
Filed: September 29, 2005
Art Unit: 1654
Examiner: Russel, Jeffrey E.
Title: PEPTIDES FOR PREVENTING, DIAGNOSING AND TREATING ANIMAL
AND/OR HUMAN LEPTOSPIROSIS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REVOCATION OF POWER OF ATTORNEY
AND NEW POWER OF ATTORNEY BY ASSIGNEE
AND CHANGE OF CORRESPONDENCE ADDRESS

Virbac and Ecole Nationale Veterinaire De Nantes, the Assignees of record, hereby revoke all powers of attorney previously granted with respect to the above-identified patent application, and appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

Customer Number 21176

with full power of substitution and revocation to transact all business in the Patent and Trademark Office in connection therewith.

Please direct telephone calls to the attention of:

Philip Summa
Registration No.: 31,573
Tel Office: (704) 945-6701
Fax: (704) 945-6735

Virbac and Ecole Nationale Veterinaire De Nantes, the assignees of record, hereby elect under 37 C.F.R. § 3.71 to prosecute this patent application and each assignee certifies that it is a joint owner of the entire right, title, and interest in the patent application identified above by virtue of the § 3.73(b) information below:

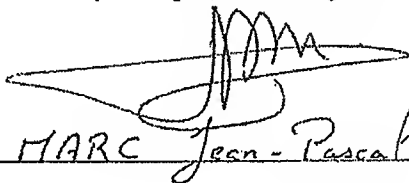
An assignment from the inventors of the patent application identified above.
The assignment was recorded in the United States Patent and Trademark Office on September 29, 2005 at Reel 016846, Frame 0482.

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The undersigned (whose title is supplied below) is empowered to sign this certificate on behalf of the Assignee.

Virbac

By:



(Print or type name of person signing)

Title: Coyote Product Innovation Director

Date: November 03, 2009

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The undersigned (whose title is supplied below) is empowered to sign this certificate on behalf of the Assignee.

Ecole Nationale Veterinaire De Nantes

By: _____

(Print or type name of person signing)

Title: _____

Date: _____